



Return to:
 CRE Insurance Solutions
 950 Echo Lane, Suite 120
 Houston, Texas 77024
 (832) 404-2125
 loc.mcnew@creins.com

Lease Enhancement Insurance Application

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Insured Lender Information

| | | |
|-----------------|--------|------|
| Insured Lender: | | |
| Street Address: | | |
| City: | State: | Zip: |

| |
|---|
| Trust Name (if applicable): |
| Principal Contact Name and Telephone No.: |
| Email Address: |

Property Owner / Loan Information

| | | |
|----------------|--------|------|
| Owner: | | |
| Address: | | |
| City: | State: | Zip: |
| Contact Name: | | |
| Telephone No.: | | |
| Email Address: | | |

| | |
|---|--|
| Original Effective Date of Lease: | Proposed Policy Inception: |
| Original Lease Term (Years): | Proposed Policy Expiration: |
| Loan Amount: | Term of Loan: |
| First Mortgage: Yes <input type="checkbox"/> No <input type="checkbox"/> | Fully Amortizing Loan: Yes <input type="checkbox"/> No <input type="checkbox"/> * |
| Mezzanine Loan: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| * If "No", how is balloon guaranteed: | |

Property Information

| | | |
|-------------------------------------|--------|------|
| Subject Property Address: | | |
| City: | State: | Zip: |
| Name of Tenant and Use of Premises: | | |

| | |
|--|--------------------------|
| Primary Access Road Information: Name/Rte. # | |
| Secondary Access Road Information: Name/Rte. # | |
| Beginning Date of Construction: | Est. Date of Completion: |

Type of Property

- Office
- Industrial
- Retail
- Parking Garage
- Medical
- _____ Other

Construction Type

- Fire Resistive
- Non Combustible
- Joisted Masonry
- Frame
- Sq. Ft. _____
- # of Stories _____

Fire Protection:

- Fully Sprinklered
- Part Sprinklered
- Non Sprinklered
- Alarms
- Describe: _____

Check if any portion of the subject property is situated in
 Flood Zone "A" "B" "V"

Is the property located in any of the following states?
 AR, CA, HI, ID, FL, OR, KY, MO, MT, NE, OK, SC, TN
 UT, WA, WY

Yes No



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Coverage Parts Requested:

Eminent Domain Condemnation Casualty

Eminent Domain Information:

Condemnation

Trigger - Parking More than _____ % or _____ number of spaces
 Trigger - Improvements More than _____ % or _____ square feet
 Trigger - Access _____ Describe _____

Condemnation Proceeds

Tenant has right to value from landlord's award _____

Do you have knowledge of any circumstances, including but not limited to actual or threatened proceedings by any government authority that could reasonably give rise to a taking affecting any portion of the property (land, improvements or lease)?

Yes No If "Yes", please provide detailed information

Casualty Information:

Destruction Trigger:

greater than _____ %
 substantial
 non-economic use
 can not rebuild within _____

Window for Casualty:

last 3 years
 last 5 years
 last 10 years
 full base lease term

Has the subject property suffered any loss or damage in excess of \$100,000 from fire, wind, or other casualty, insured or otherwise, within the past 5 years?

If "Yes", describe:

Yes No

Attachments forming part of this application and must be submitted prior to policy effective date

- | | |
|--|---|
| <input type="checkbox"/> Complete copy of the lease for the subject property. It is understood that subsequent amendments or endorsements to the lease are not insured without insurer's express written acknowledgment. | <input type="checkbox"/> Appraisals |
| <input type="checkbox"/> Ground Lease (if applicable) | <input type="checkbox"/> Environmental Site Assessments |
| <input type="checkbox"/> ALTA/NSPS Land Title Survey | <input type="checkbox"/> Title Insurance Commitment with copies of exceptions |
| <input type="checkbox"/> Loan Amortization Schedule | <input type="checkbox"/> Loan Documents |
| <input type="checkbox"/> Property Condition Reports | <input type="checkbox"/> Evidence of property insurance (for casualty coverage) |
| | <input type="checkbox"/> Sales Offering Memorandum |

Agent or Broker of Record: _____ Name: _____

Contact: _____ Address: _____

Phone #: _____ Email: _____



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Insured Acknowledgment and Signature

Submission of this application does not bind the insurance company or create an obligation of any kind to provide lease enhancement insurance. This application is subject to review and approval by the insurance company which approval shall be at the insurance company's sole and absolute discretion. Additional information may be required.

Insured hereby acknowledges and agrees, to the best of its knowledge that the information provided in this application and additional information submitted herewith is true and accurate. Further, Insured confirms the Broker of Record identified in this application, if applicable, is the Broker of Record of the Insured.:

Signed: _____

Name: _____

Title: _____

Date: _____

Property Owner Acknowledgment and Signature

Submission of this application does not bind the insurance company or create an obligation of any kind to provide lease enhancement insurance. This application is subject to review and approval by the insurance company which approval shall be at the insurance company's sole and absolute discretion. Additional information may be required.

Owner hereby acknowledges and agrees that: (i) the policy hereby applied for is for the exclusive benefit of the Insured Lender, and that Owner shall derive no financial benefit therefrom; (ii) no payment of any claim(s) by the lease enhancement insurance company to the Insured Lender pursuant to a lease enhancement policy that may be issued in connection with this application for the property shall excuse performance by the Owner under the Loan Documents; and, (iii) the rights of the lease enhancement insurance company under the Loan Documents to the payment of any Condemnation Award or Property Insurance Proceeds in an amount not to exceed the aggregate amount of any claim(s) paid by the lease enhancement insurance company shall not be waived or prejudiced by virtue of the payment of claim(s) by the lease enhancement company to the Insured Lender. Further, the Owner hereby certifies that the information contained in this application and attachments is true and accurate.

Signed: _____

Name: _____

Title: _____

Date: _____